

<b>Case Number:</b>	CM15-0180680		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	11/20/1997
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62 year old female, who sustained an industrial injury on 11-20-1997. The injured worker is undergoing treatment for: trigger fingers, trigger thumb, bilateral carpal tunnel, and bilateral shoulder tendinitis. On 6-16-15, she reported triggering of the right middle and ring finger. She indicated she was having problems with grasping, pushing and pulling with the right hand, and inability to make a complete fist. She rated her pain 5-6 out of 10. Physical examination revealed the right hand to have a well healed carpal tunnel incision, tenderness over the palm, tenderness to the right long and ring finger at the A1 pulley, in closing of the hand it locks fingertip to mid palmar crease by one inch, and a palpable nodule, sensation is noted to be not significantly impaired, and "there is pain with force flexion of the fingers. There is full extension. There is weakness upon grip maneuver". The physical examination on this date is unchanged. There is no discussion of a sleep hygiene assessment, or reduction of pain. On 8-3- 15, she reported right hand pain rated 5-9 out of 10. She is reported as having triggering of the middle and ring finger on the right hand. She also reported left hand pain rated 6 out of 10, bilateral shoulder pain rated 9 out of 10, neck pain rated 8 out of 10. The treatment and diagnostic testing to date has included: status post left index finger and long finger A1 pulley release and tenosynovectomy (11-21-09), status post trigger thumb release (7-16-05), status post bilateral carpal tunnel releases (dates unclear), status post-surgical decompression with subacromial decompression of bilateral shoulder (date unclear), medications, home stretching exercises. Medications have included: Ultracet, Zolpidem. The records indicate she has been utilizing Naproxen, Zolpidem and Tramadol HCL and acetaminophen since at least May 2015,

possibly longer. Current work status: permanent and stationary, and noted as working; however it is unclear in what capacity. The request for authorization is for: one trigger finger release of right long and ring fingers, one pre-operative clearance, one post-operative medication of Zofran 8mg quantity 10, one post-operative medication of Duracef 500mg, 8 sessions of post-operative physical therapy, one prescription of flurbi-diclo-gaba-lido 10-10-10-5 percent cream 180 grams, one prescription of Tramadol HCL and acetaminophen 37.5-325mg quantity 60, one prescription of Zolpidem 10mg, one prescription of Naproxen sodium 550mg quantity 60, one urinalysis, and one home hand exercise kit. The UR dated 8-31-2015: modified certification of one trigger finger release of the right long finger; non-certified one pre-operative clearance and one post-operative medication of Zofran 8 mg quantity 10 and one post-operative medication of Duracef 500mg; modified certification of 5 sessions of post-operative physical therapy; non-certified one prescription of flurbi-diclo-gaba-lido 10-10-10-5 percent cream 180 grams and one prescription of Tramadol HCL and acetaminophen 37.5-325mg quantity 60; non-certified one prescription of Zolpidem 10mg and one prescription of Naproxen sodium 550mg quantity 60; non-certified one urinalysis; conditionally non-certified one home hand exercise kit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1 Trigger finger release: right long and ring fingers: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute and Chronic), Percutaneous release (of the trigger finger and/or trigger thumb).

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The proposed trigger finger release is medically necessary. The ODG guidelines recommend trigger finger release "when symptoms persist" despite steroid injections. Likewise, the ACOEM guidelines indicate that, "A procedure under local anesthesia may be necessary to permanently correct persistent triggering." This patient's long and ring finger triggering has persisted despite steroid injections. Trigger finger releases are medically necessary.

#### **1 Pre-op clearance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, page 92-93.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** ODG-TWC, Low Back updated 5/15/15 states: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings" There is insufficient evidence to support routine preoperative medical clearance prior to straightforward hand surgery procedures. The hand surgeon can perform a history and physical and refer the patient for preoperative clearance if the history and physical detects any medical issues. The requested treatment is not medically necessary.

**1 Post-operative medication: Zofran 8mg, #10: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Antiemetics (for opioid nausea).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - antiemetics.

**Decision rationale:** Per ODG: Antiemetics (for opioid nausea) Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA- approved indications. Ondansetron (Zofran): This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. In this case, the patient is having a procedure that is generally performed under local anesthesia with sedation. Postoperative nausea is unlikely. Routine prescribing of Zofran is not required and not medically necessary. The patient can be given Zofran if nausea and vomiting are problematic after surgery.

**1 Post-operative medication: Duracef 500mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Practice Guidelines for Antimicrobial Prophylaxis in Surgery. Am J Health Syst Pharm. 2013 Feb 1;70(3): 195-283.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Hand Surg Am. 2011 Nov;36(11):1741-7. doi: 10.1016/j.jhsa.2011.08.005. Epub 2011 Oct 5. Assessing the impact of antibiotic prophylaxis in outpatient elective hand surgery: a single-center, retrospective review of 8,850 cases. Bykowski MR1, Sivak WN, Cray J, Buterbaugh G, Imbriglia JE, Lee WP. Orthopedics. 2012 Jun;35(6):e829-33. doi: 10.3928/01477447-20120525-20. Is antibiotic prophylaxis necessary in elective soft tissue hand surgery? Tosti R1, Fowler J, Dwyer J, Maltenfort M, Thoder JJ, Ilyas AM.

**Decision rationale:** Duracef: According to a study by Bykowski et al, "Given the potential harmful complications associated with antibiotic use and the lack of evidence that prophylactic antibiotics prevent SSIs, we conclude that antibiotics should not be routinely administered to patients who undergo clean, elective hand surgery." Perioperative antibiotics are not medically necessary for this clean case.

**8 Sessions of post-operative physical therapy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**Decision rationale:** MTUS post surgical guidelines allow for up to nine visits for therapy following trigger finger release. The request for eight visits falls within these guidelines. Trigger finger release is often complicated by pain and stiffness, and therapy is medically necessary to allow full functional recovery.

**Flurbi/Diclo/Gaba/Lido 10/10/10/5% 180gm cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per MTUS, page 111, Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The patient does not have neuropathic pain. MTUS does not support topical analgesics if the any one of the components is not supported. Per MTUS page 113: Gabapentin: Not recommended. There is no peer-reviewed literature to support use. The requested topical medication contains gabapentin and therefore is not medically necessary.

**Tramadol HCL and Acet 37.5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Per MTUS page 113: Tramadol (Ultram) Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The

MTUS guidelines do not support use of Tramadol. Moreover, the patient has been on opiates for an extended period of time, and ACOEM does not support chronic use of opiates and is not medically necessary.

**Zolpidem 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Zolpidem (Ambien).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** Although not technically a benzodiazepine, Zolpidem is a short-acting nonbenzodiazepine hypnotic of the imidazopyridine class [2] that potentiates GABA, an inhibitory neurotransmitter, by binding to GABAA receptors at the same location as benzodiazepines. Per MTUS, Chronic Pain, Benzodiazepines, page 24: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The patient has not had a sleep evaluation. This medication should not be medically necessary.

**Naproxen Sodium 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per MTUS page 67, NSAIDS: "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain." "Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen." "Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The patient does not have osteoarthritis or back pain. NSAIDS are not recommended for routine use due to renal toxicity. Per ACOEM, Initial Approaches to Treatment, page 47: ACETAMINOPHEN AND NONSTEROIDAL ANTI-INFLAMMATORY DRUGS. "The safest effective medication for acute musculoskeletal and eye problems appears to be acetaminophen. Non-steroidal anti-inflammatory drugs (NSAIDs), including aspirin and ibuprofen, also are effective, although they can cause gastrointestinal

irritation or ulceration or, less commonly, renal or allergic problems." The records do not document any contraindication to acetaminophen. The requested treatment is not medically necessary.

**1 Urinalysis (retrospective dos: 05/19/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing (UDT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** ODG-TWC, Low Back updated 5/15/15 states: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings" The records do not document any indication for a urinalysis, making it not medically necessary. The patient does not have a history of bladder infections or any other urinary tract concerns.